

FEC FORM 5

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation LEAGUE OF CONSERVATION VOTERS INC		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C90005786 </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1920 L STREET NW #800		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Individual filers only Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Report ☐ 48-Hour Report
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

THROUGH

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 6

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES..... 32050.92

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

Barbara McIntosh

10/20/2006

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **2 / 4**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

LEAGUE OF CONSERVATION VOTERS INC

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

Mailing Address

915 Lead Ave SW#W

Amount

250.00

City

Albuquerque

State

NM

Zip Code

87107

Purpose of Expenditure

canvasser - pymt for svcs

Category/
Type

001

Office Sought:

☒

House

State: NM

House

☐

Senate

☐

President

District: 01

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Madrid

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

107825.43

Full Name (Last, First, Middle Initial) of Payee

Am Ex: Post office

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	6

Mailing Address

PO Box 297812

Amount

48.00

City

Ft Lauderdale

State

FL

Zip Code

33329

Purpose of Expenditure

postcard postage

Category/
Type

001

Office Sought:

☐

House

State: PA

Senate

☒

Senate

☐

President

District: _____

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Casey

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

4739.13

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	6

Mailing Address

803 N Bambrey St

Amount

25.00

City

Philadelphia

State

PA

Zip Code

19103

Purpose of Expenditure

canvasser - pymt for svcs

Category/
Type

001

Office Sought:

☐

House

State: PA

Senate

☒

Senate

☐

President

District: _____

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Casey

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

4787.13

(a) **SUBTOTAL** of Itemized Independent Expenditures

323.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 4**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

LEAGUE OF CONSERVATION VOTERS INC

Full Name (Last, First, Middle Initial) of Payee

Am Ex: Post office

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	6

Amount

48.00

Mailing Address

PO Box 297812

City

Ft Lauderdale

State

FL

Zip Code

33329

Purpose of Expenditure

postcard postage

Category/
Type

001

Office Sought:

☒ House

State: PA

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Sestak

Disbursement For:

☐ Primary☐ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

4698.95

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	6

Amount

25.00

Mailing Address

803 N Banbrey St

City

Philadelphia

State

PA

Zip Code

19103

Purpose of Expenditure

canvasser - pymt for svcs

Category/
Type

001

Office Sought:

☒ House

State: PA

House

☐ Senate☐ President

District: 07

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Sestak

Disbursement For:

☐ Primary☐ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

4746.95

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	6

Amount

150.00

Mailing Address

6455 Wasco

City

Willings

State

MT

Zip Code

59105

Purpose of Expenditure

canvasser - pymt for svcs

Category/
Type

001

Office Sought:

☐ House

State: MT

Senate

☒ Senate☐ President

District: _____

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Tester

Disbursement For:

☐ Primary☐ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

104888.43

(a) **SUBTOTAL** of Itemized Independent Expenditures

223.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

LEAGUE OF CONSERVATION VOTERS INC

Full Name (Last, First, Middle Initial) of Payee

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

Mailing Address
3170 Solar Blvd

Amount

200.00

City
BillingsState
MTZip Code
59102Purpose of Expenditure
canvasser - pymt for svcsCategory/
Type 001
 Office Sought: ☐ House State: MT
☒ Senate
☐ President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:
TesterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

105038.43

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____
Full Name (Last, First, Middle Initial) of Payee
The Element Agency

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	6

Mailing Address
101 E 15th St, 2nd fl

Amount

31304.92

City
New YorkState
NYZip Code
10003Purpose of Expenditure
literature production and mailingCategory/
Type 006
 Office Sought: ☐ House State: MT
☒ Senate
☐ President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:
TesterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

105238.43

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

31504.92

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

32050.92